

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Dental Association Independent Expenditures Committee

ADDRESS (number and street)

1111 14th Street, NW

Suite 1100

Check if different
than previously
reported. (ACC)

Washington

DC

20005-5627

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00488338

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Year-End Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Harrison, Thomas, F., Dr.,

Type or Print Name of Treasurer

Signature of Treasurer

Harrison, Thomas, F., Dr.,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

American Dental Association Independent Expenditures Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		6732.64
(b) Cash on Hand at Beginning of Reporting Period.....	29007.08	
(c) Total Receipts (from Line 19)	110000.00	315000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	139007.08	321732.64
7. Total Disbursements (from Line 31).....	132459.93	315185.49
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	6547.15	6547.15
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

American Dental Association Independent Expenditures Committee

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
07 / 01 / 2016

To:

M M / D D / Y Y Y Y Y
09 / 30 / 2016
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

0.00

0.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

0.00

0.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

0.00

0.00

12. Transfers From Affiliated/Other

Party Committees.....

110000.00

315000.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))

110000.00

315000.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

110000.00

315000.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	119.00	289.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	119.00	289.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	113290.93	281846.49
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	19050.00	33050.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	132459.93	315185.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	132459.93	315185.49

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	119.00	289.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	119.00	289.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 13

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Dental Association Independent Expenditures Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. American Dental Association Political Action Committee Education Fund

Mailing Address 1111 14th Street, NW, #1100

City
Washington

State
DC

Zip Code
20005-5627

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

08 / 24 / 2016

Transaction ID : AB8AA67A95F074EE7B94

Amount of Each Receipt this Period

20000.00

☐ Memo Item
transfer for IE disbursements

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. American Dental Association Political Action Committee

Mailing Address 1111 14th Street, NW
Suite 1100

City
Washington

State
DC

Zip Code
20005-5627

FEC ID number of contributing
federal political committee.

C C00000729

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255000.00

Date of Receipt

07 / 08 / 2016

Transaction ID : AF1CB770331FE425E92F

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. American Dental Association Political Action Committee

Mailing Address 1111 14th Street, NW
Suite 1100

City
Washington

State
DC

Zip Code
20005-5627

FEC ID number of contributing
federal political committee.

C C00000729

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

295000.00

Date of Receipt

08 / 12 / 2016

Transaction ID : A3DBF62F4C7E74360B38

Amount of Each Receipt this Period

10000.00

☐ Memo Item
transfer for IE disbursements

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

55000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 13

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Association Independent Expenditures Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. American Dental Association Political Action Committee

Mailing Address 1111 14th Street, NW
Suite 1100

City
Washington

State
DC

Zip Code
20005-5627

FEC ID number of contributing
federal political committee.

C C00000729

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230000.00

Date of Receipt

07 / 05 / 2016

Transaction ID : A307B7F5918B64159916

Amount of Each Receipt this Period

25000.00

☐ Memo Item
transfer for IE disbursements

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. American Dental Association Political Action Committee

Mailing Address 1111 14th Street, NW
Suite 1100

City
Washington

State
DC

Zip Code
20005-5627

FEC ID number of contributing
federal political committee.

C C00000729

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285000.00

Date of Receipt

07 / 14 / 2016

Transaction ID : AB6CFC1C2236B4EC5BFE

Amount of Each Receipt this Period

30000.00

☐ Memo Item
Transfer for IE disbursements

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

55000.00

110000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 13

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Association Independent Expenditures Committee

Full Name (Last, First, Middle Initial)

A. CITIBANK IEMailing Address 1101 Pennsylvania Ave NW
FI 11City
WashingtonState
DCZip Code
20004-2514Purpose of Disbursement
service charges

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2016

FEC Identification Number

C

Transaction ID : B4C1FD1767

Amount of Each Disbursement this Period

85.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CITIBANK IEMailing Address 1101 Pennsylvania Ave NW
FI 11City
WashingtonState
DCZip Code
20004-2514Purpose of Disbursement
service charges

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2016

FEC Identification Number

C

Transaction ID : B34536C40D

Amount of Each Disbursement this Period

34.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

119.00

119.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Dental Association Independent Expenditures Committee

Full Name (Last, First, Middle Initial)

A. Public Opinion Strategies

Mailing Address 214 N Fayette St

City
AlexandriaState
VAZip Code
22314-2433Purpose of Disbursement
research poll to determine further activity

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☐ General
☒ Other (specify) ▼
Other

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2016

FEC Identification Number

C

Transaction ID : BA066B3B63

Amount of Each Disbursement this Period

6800.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Public Opinion Strategies

Mailing Address 214 N Fayette St

City
AlexandriaState
VAZip Code
22314-2433Purpose of Disbursement
research poll to determine further activity

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☐ General
☒ Other (specify) ▼
Other

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2016

FEC Identification Number

C

Transaction ID : B861C6EE6C

Amount of Each Disbursement this Period

12250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

19050.00

19050.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 10 OF 13
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Dental Association Independent Expenditures Committee				FEC IDENTIFICATION NUMBER ▼ C C00488338	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee Strategic Groundworks			<input type="checkbox"/> Memo Item		
Mailing Address 272 S Front St Apt 521			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
City Columbus	State OH	Zip Code 43215-5027	Amount 35998.00		
Purpose of Expenditure Media Buy-GA-03		Category/ Type	Transaction ID : E7250A3A6D9624451B9C Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: Ferguson, Drew, , Dr.,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 03 State: GA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input checked="" type="checkbox"/> Other (specify) ▶ Primary Runoff		
Full Name of Payee Strategic Impact			<input type="checkbox"/> Memo Item		
Mailing Address 1890 Star Shoot Pkwy # 17-250			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
City Lexington	State KY	Zip Code 40509-4566	Amount 9021.91		
Purpose of Expenditure Direct Mail-Runoff-GA-03		Category/ Type	Transaction ID : EA89DE2F9A3954006981 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: Ferguson, Drew, , Dr.,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 03 State: GA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input checked="" type="checkbox"/> Other (specify) ▶ Primary Runoff		
(a) SUBTOTAL of Itemized Independent Expenditures			45019.91		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Harrison, Thomas, , ,		[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 11 OF 13
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Dental Association Independent Expenditures Committee				FEC IDENTIFICATION NUMBER ▼ C C00488338	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>	
Full Name of Payee Strategic Impact			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination
Mailing Address 1890 Star Shoot Pkwy # 17-250			<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>		Amount
City Lexington		State KY	Zip Code 40509-4566		<div style="border: 1px solid black; padding: 2px; text-align: right;">6573.11</div>
Purpose of Expenditure Direct Mail-Runoff-GA-03			Category/ Type		Transaction ID : E40794DEA0902496C9DB Date of Disbursement or Obligation
Name of Federal Candidate: Ferguson, Drew, , Dr.,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">76331.56</div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input checked="" type="checkbox"/> Other (specify) ▶ Primary Runoff
Full Name of Payee Strategic Impact			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination
Mailing Address 1890 Star Shoot Pkwy # 17-250			<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>		Amount
City Lexington		State KY	Zip Code 40509-4566		<div style="border: 1px solid black; padding: 2px; text-align: right;">9021.91</div>
Purpose of Expenditure Direct Mail-Runoff-GA-03			Category/ Type		Transaction ID : E2845FC19E4134069926 Date of Disbursement or Obligation
Name of Federal Candidate: Ferguson, Drew, , Dr.,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">85353.47</div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input checked="" type="checkbox"/> Other (specify) ▶ Primary Runoff
(a) SUBTOTAL of Itemized Independent Expenditures					<div style="border: 1px solid black; padding: 2px; text-align: right;">15595.02</div>
(a) SUBTOTAL of Unitemized Independent Expenditures					<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures					<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Harrison, Thomas, , ,</u>			[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 12 OF 13
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Dental Association Independent Expenditures Committee				FEC IDENTIFICATION NUMBER ▼ C C00488338	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div></div> <div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>	
Full Name of Payee Strategic Impact			<input type="checkbox"/> Memo Item		
Mailing Address 1890 Star Shoot Pkwy # 17-250			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div></div> <div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>		
City Lexington		State KY	Zip Code 40509-4566		Amount 6573.11
Purpose of Expenditure Direct Mail-Runoff-GA-03			Category/ Type		Transaction ID : EC2D4306792E741F182C Date of Disbursement or Obligation
Name of Federal Candidate: Ferguson, Drew, , Dr.,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought			91926.58		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input checked="" type="checkbox"/> Other (specify) ▶ Primary Runoff
Full Name of Payee Strategic Impact			<input type="checkbox"/> Memo Item		
Mailing Address 1890 Star Shoot Pkwy # 17-250			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div></div> <div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>		
City Lexington		State KY	Zip Code 40509-4566		Amount 18165.43
Purpose of Expenditure Direct Mail-Runoff-GA-03			Category/ Type		Transaction ID : EDE143F4422384116AAA Date of Disbursement or Obligation
Name of Federal Candidate: Ferguson, Drew, , Dr.,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought			110092.01		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input checked="" type="checkbox"/> Other (specify) ▶ Primary Runoff
(a) SUBTOTAL of Itemized Independent Expenditures				24738.54	
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Harrison, Thomas, , , Signature			[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div></div> <div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 13 OF 13
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Dental Association Independent Expenditures Committee				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00488338 </div>										
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on MM / DD / YYYY														
Full Name of Payee <input type="checkbox"/> Memo Item Strategic Impact				Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2016										
Mailing Address 1890 Star Shoot Pkwy # 17-250				Amount 6573.11										
City Lexington		State KY		Zip Code 40509-4566										
Purpose of Expenditure Direct Mail-Runoff-GA-03				Category/Type Transaction ID : EFDA5CFF6984A44A79BA Date of Disbursement or Obligation MM / DD / YYYY										
Name of Federal Candidate: Ferguson, Drew, , Dr.,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA										
Calendar Year-To-Date Per Election for Office Sought 116665.12				Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input checked="" type="checkbox"/> Other (specify) ▶ Primary Runoff										
Full Name of Payee <input type="checkbox"/> Memo Item Strategic Impact				Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 24 / 2016										
Mailing Address 1890 Star Shoot Pkwy # 17-250				Amount 21364.35										
City Lexington		State KY		Zip Code 40509-4566										
Purpose of Expenditure Direct Mail-Primary AZ-04				Category/Type Transaction ID : E6D6DEC6C99CF4FEBBC Date of Disbursement or Obligation MM / DD / YYYY										
Name of Federal Candidate: Gosar, Paul, A., Rep.,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ										
Calendar Year-To-Date Per Election for Office Sought 21364.35				Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶										
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width: 5%; text-align: center;">▶</td> <td style="width: 35%; border: 1px solid black; padding: 5px; text-align: right;">27937.46</td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures</td> <td style="text-align: center;">▶</td> <td style="border: 1px solid black; padding: 5px; text-align: right;"> </td> </tr> <tr> <td>(a) TOTAL Independent Expenditures</td> <td style="text-align: center;">▶</td> <td style="border: 1px solid black; padding: 5px; text-align: right;">113290.93</td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures	▶	27937.46	(a) SUBTOTAL of Unitemized Independent Expenditures	▶		(a) TOTAL Independent Expenditures	▶	113290.93
(a) SUBTOTAL of Itemized Independent Expenditures	▶	27937.46												
(a) SUBTOTAL of Unitemized Independent Expenditures	▶													
(a) TOTAL Independent Expenditures	▶	113290.93												
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.														
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> Signature <u>Harrison, Thomas, , ,</u> <div style="border-top: 1px solid black; width: 100%;"></div> </div> <div style="width: 20%; text-align: center;"> [Electronically Filed] </div> <div style="width: 40%; text-align: right;"> Date MM / DD / YYYY 10 / 11 / 2016 </div> </div>														